



REQUEST FOR CONSTRUCTION STAKING

CONTRACTOR: _____ DATE: _____

PROJECT
LOCATION: _____

CONTROL NO.: _____

PROJECT NO.: _____

Type of Staking	Location or Station to Station	Stakes to be Set		Offset Distance (If Applicable)
		Left	Right	
Remarks:				

* STAKING REQUESTED TO BE SET BY: _____ DATE: _____ TIME: _____

THIS REQUEST IS FOR: ☐ ORIGINAL STAKING ☐ RESTAKING

(* Staking requests must be received by MDT a minimum of 48 hours before staking is to commence.)

Requested by: _____ Date: _____ Time: _____
Contractor Representative

Received by: _____ Date: _____ Time: _____
MDT Representative

Requested Staking Completed By: _____ Date: _____ Time: _____